

**Cabinet for Health and Family Services
Kentucky Department for Public Health**

APPLICATION FOR LEAD-HAZARD COMPANY CERTIFICATION

PLEASE PRINT CLEARLY

☐ Initial ☐ Renewal If renewal, enter current Kentucky certification number

Company Name: _____ Contact: _____

Mailing address: _____ City: _____

State: _____ Zip: _____ Work Phone: () _____
Fax Number: () _____

This is to affirm that the above (and attached) information is accurate and has been provided by me:

Applicant Signature: _____ **Date:** _____

FOR DEPARTMENT FOR PUBLIC HEALTH USE ONLY

--Not To Be Filled Out By Applicants--

Certification Fee: Method of Payment: Date Rec'd _____ Processed by _____

Certification Fee: \$200.00 ☐ ☐ Approved ☐ Disapproved

Application Fee: \$50.00 ☐

Check No. _____

Money Order No. _____

ASSIGNED CERTIFICATION NO. _____

Mail or Deliver to:

**Department for Public Health
Environmental Lead Program
275 East Main Street HS1EB
Frankfort, KY 40621**

ATTN: CERTIFICATION